# Health Evidence Review Commission

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#### **Outline**

- HERC and Prioritized List: history and role
- Prioritized List overview
- HERC public process
- Recent and upcoming work items



# **Prioritized List history: Context**

- Medicaid only covered 'categorically eligible' in 1987
  - □ Pregnant women
  - □ Children
  - Welfare recipients
  - □ Aged, blind or disabled
  - Very low-income parents
- Budget dilemma: Cover more services or more people?



## **Prioritized List history**

- Original legislative policy goals
  - □ Commitment to public process with structured public input
  - Meet budget by reducing benefits rather than covering fewer people
  - Use available resources to fund clinically effective treatments
  - □ Develop explicit health priorities to guide resource allocation decisions
  - □ Have an independent body appointed by the governor make Prioritized List decisions



## **Prioritized List history:**

- **■** Bill passed in 1989, creating Health Services Commission (HSC)
  - □ Created and maintained Prioritized List
- First Prioritized List implemented in 1994
- In 2012, the HERC was formed, replacing HSC
  - Maintains Prioritized List
  - □ Creates medical technology assessments
- Today's Statute: ORS 414.688-704



#### **Continued evolution**

- In 2014, the Affordable Care Act Medicaid expansion was implemented
  - **□** Expanded the population eligible for coverage
  - Provided more federal resources
- HERC and the List provide a uniquely transparent public process for making decisions about benefits and coverage criteria



#### **How HERC maintains the List**

- Governor appointed; Senate confirmed; staffed by the Oregon Health Authority
  - □ Two consumer representatives, five physicians, dentist, public health nurse, behavioral health representative, complementary/alternative medicine provider, insurance industry representative, retail pharmacist
- Makes decisions about OHP Covered Services
  - Will OHP cover (insert service here)?
  - When is (service) medically necessary and cost effective?



## **HERC** guiding concepts

- Transparency
- Evidence-based decisions
- Public/patient/provider input and expertise
- Cost-effective services



#### **Prioritized List overview**

- Lines 1-662
  - **□** Each line pairs one or more conditions with one or more services
- Funding line: 472 (drawn by legislature, approved by CMS)
- Some things can't be captured in lines
  - Guidelines and statements of intent
  - Multisector intervention statements



#### Funded versus unfunded services

#### **Funded services**

- Benefits outweigh harms and cost
- Evidence-based
- Safe
- Significant impact on health
- Benefit to populations who have experienced inequities
- Cost effective

#### **Unfunded services**

- Ineffective
- Experimental
- Harms outweigh benefits
- Less costly alternatives available
- No significant impact on health
- Specialized care when primary care is sufficient

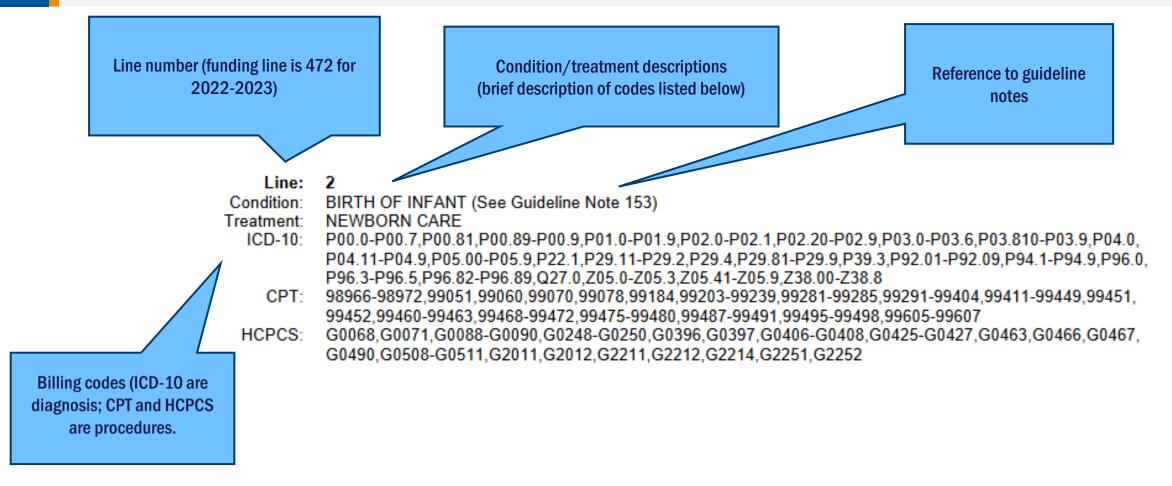


### **Prioritized List assumptions**

- Diagnostic services are covered
- Ancillary services are covered for funded conditions
  - Prescription drugs
  - □ Durable medical equipment
  - □ Other services needed to support covered services (e.g., anesthesia)
- Unfunded services can be covered for a person if they...
  - Improve a funded condition, or
  - Improve a child's ability to grow, develop or participate in school



## **Sample Prioritized List line**



### Sample guideline note

#### **GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE**

Line 157

- A) History and physical exam <u>is</u> indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
- B) CEA testing should be performed every 2-3 months after colon resection for at least two years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated
- C) Colonoscopy is indicated every 3 to 5 years.
- D) No other surveillance testing is indicated.



#### **Public process**

- All meetings are public (and online)
- Anyone can recommend a topic for review
- Topics announced 28 days in advance
- Written and oral testimony accepted on all topics
- Translation and interpretation available



## **HERC** and health equity

#### **Current equity-related work**

- Plain language summaries for topics announcements, agendas and meeting materials
- Improved web site and overview
- More active engagement with communities and groups representing those affected by HERC decisions
- Increased recognition of members' experiences, values and preferences as well as gaps in evidence base

# Recent and upcoming changes

- **Examples of conditions moved above the line in recent years** 
  - Nonpharmaceutical back pain treatments
  - Uncomplicated inguinal hernias
  - □ Severe acne
  - □ Vitiligo
- Upcoming changes (new coverage)
  - Orthodontia for severe malocclusion
  - Nightmare disorder in children
  - □ PANDAS/PANS (Treatments for mental health symptoms developed after infection in children)



# Q & A

# **Questions?**

